

## DECLARATION AND POWER OF ATTORNEY

Docket No. X-16212

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the invention entitled

### LENTIVIRAL APOE2 GENE THERAPY

which is described and claimed in the specification which:

(check  is attached hereto.  
one)  was filed on 24 September 2004 as

United States  
Application Serial No.

or

PCT International Application No. PCT/US2004/028811  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined 37 C.F.R. 1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional patent application(s) listed below.

60/506,559  
(Application Number)

26 September 2003  
(Filing Date)

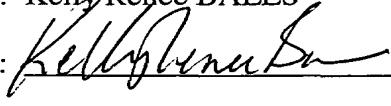
\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

**Power of Attorney:** As a named inventor, I hereby appoint the attorneys and/or agent(s) associated with customer number 25885 to prosecute this application and transact all business in the Patent and Trademark Office.

Send correspondence to the address associated with the customer number.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole or or First Inventor : Kelly Renee BALES  
Inventor's Signature :  Date: 8/25/05

Residence Address : 4055 South County Road 800 West  
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United States of America

Post Office Address : SAME AS ABOVE

Citizenship : United States of America

Full Name of Second Joint Inventor, if Any : Jean-Cosme Francois DODART  
Inventor's Signature :  Date: 9/19/05

Residence Address : 902 North Pennsylvania Street #304  
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United States of America

Post Office Address : SAME AS ABOVE

Citizenship : France

Full Name of Third Joint Inventor, if Any : Steven Marc PAUL  
Inventor's Signature :  Date: 2/22/06

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Citizenship : United States of America

Full Name of Fourth  
Joint Inventor, if Any : Robert A. MARR  
Inventor's Signature : Robert Marr Date: Aug 15 /05  
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United States of America  
Post Office Address : SAME AS ABOVE  
Citizenship : Canada

Full Name of Fifth  
Joint Inventor, if Any : Inder Mohan VERMA  
Inventor's Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
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United States of America  
Post Office Address : SAME AS ABOVE  
Citizenship : United States of America

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Full Name of Sole or  
or First Inventor : Kelly Renee BALES

Inventor's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address : 4055 South County Road 800 West  
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Post Office Address : SAME AS ABOVE

Citizenship : United States of America

Full Name of Second  
Joint Inventor, if Any : Jean-Cosme Francois DODART

Inventor's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

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Joint Inventor, if Any : Steven Marc PAUL

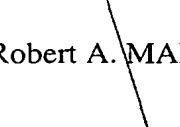
Inventor's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

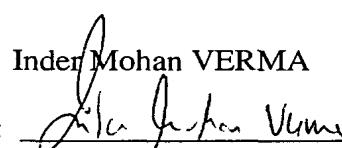
Residence Address : 1145 Laurelwood  
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Full Name of Fourth Joint Inventor, if Any : Robert A. MARR  
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Full Name of Fifth Joint Inventor, if Any : Inder Mohan VERMA  
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